



# Transition to BCS-E Reporting

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# 2022 ECDS Training Series

**Training #1: Introduction to ECDS**

**Training #2: Fast Healthcare Interoperability  
Resources (FHIR)**

**Training #3: Clinical Quality Language (CQL)**

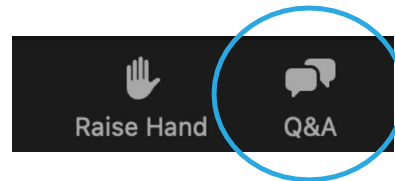
Slides and Recording posted here:

<https://www.iha.org/news-events/ecds-webinar-series/>

# Webinar Logistics

- Today's webinar will be recorded and posted on IHA's website:  
<https://www.iha.org/news-and-events/>
- The AMP Technical FAQs are updated on a monthly basis and posted on IHA's website:  
<https://iha.org/performance-measurement/amp-program/amp-participant-resources>

*Questions?* Submit them via the “Q&A” function!





# Overview

# ECDS, dQMs, eCQMs

*Related but not synonymous*

## Electronic Clinical Data Systems (ECDS)

- A **reporting standard**.
- Provides a **structured** way to report **electronic clinical data** for HEDIS.
- Leverages and encourages **electronic exchange** of clinical data.

dQMs are available for ECDS and traditionally-reported measures.

## Digital Quality Measure (dQM)

- A standardized measure **format**.
- Computer interpretable, fully specified, **standards-based** (i.e., CQL-FHIR) measure content.
- **Agnostic to data source and data model** if elements properly mapped to required data standards.
- Improves the **delivery** of specifications and makes it easier to use measure content.

## Electronic clinical quality measures (eCQM)

- **CMS-defined** digital measures derived from **EHR only** (Quality Data Model and/or FHIR).

# AMP Reporting Requirements for MY 2023

Administrative *Breast Cancer Screening* measure replaced with the ECDS measure.

**Product Lines:**  
Commercial HMO,  
Medicare Advantage,  
Medi-Cal Managed Care

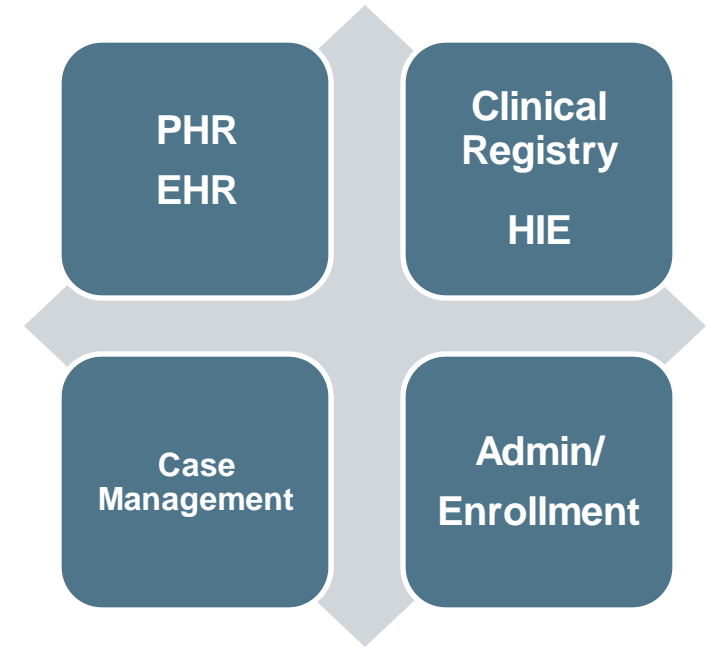
Breast  
Cancer  
Screening

**No significant clinical differences** between the administrative measure and the ECDS measure.

**New!** Race and ethnicity stratifications in BCS-E.

# AMP Reporting Requirements (continued)

- For BCS-E, the denominators and numerators are reported by data source category.
- Health plans must report key measure elements by the data source category in which they were found.
- POs are strongly encouraged to report elements by data source category if they have the data; however, this is optional for POs.



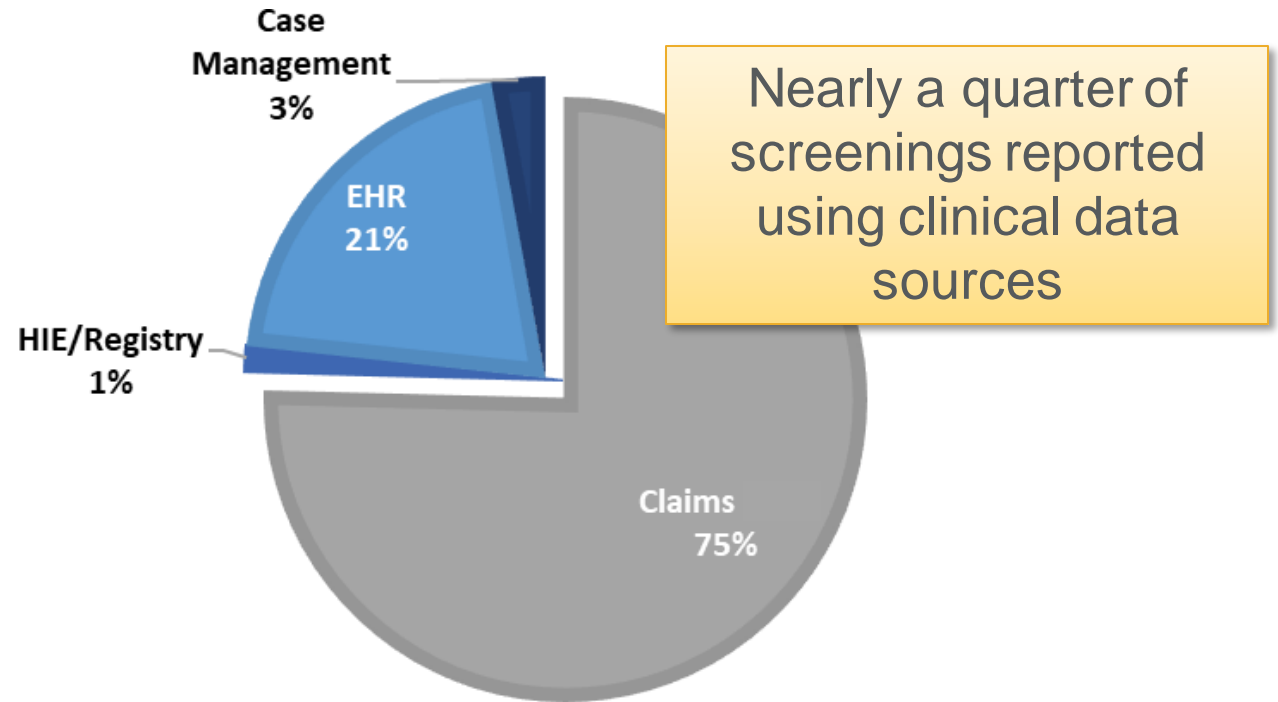
# BCS-E: Use of Data Sources and Reporting Results

*HEDIS Measurement Year 2021*

Average performance rates almost identical between ECDS and administrative reporting.

Majority of reporters used claims data to report mammograms; however, some were identified using clinical data.

Breast Cancer Screening | MY 2021 | Medicare



Visit the ECDS webpage for more reporting results <http://www.ncqa.org/ecds>  
**Special Report:** *Reporting Results for Measures Leveraging Electronic Clinical Data for HEDIS*





# Digital Specifications

# Definitions

## **FHIR: Fast Healthcare Interoperability Resources**

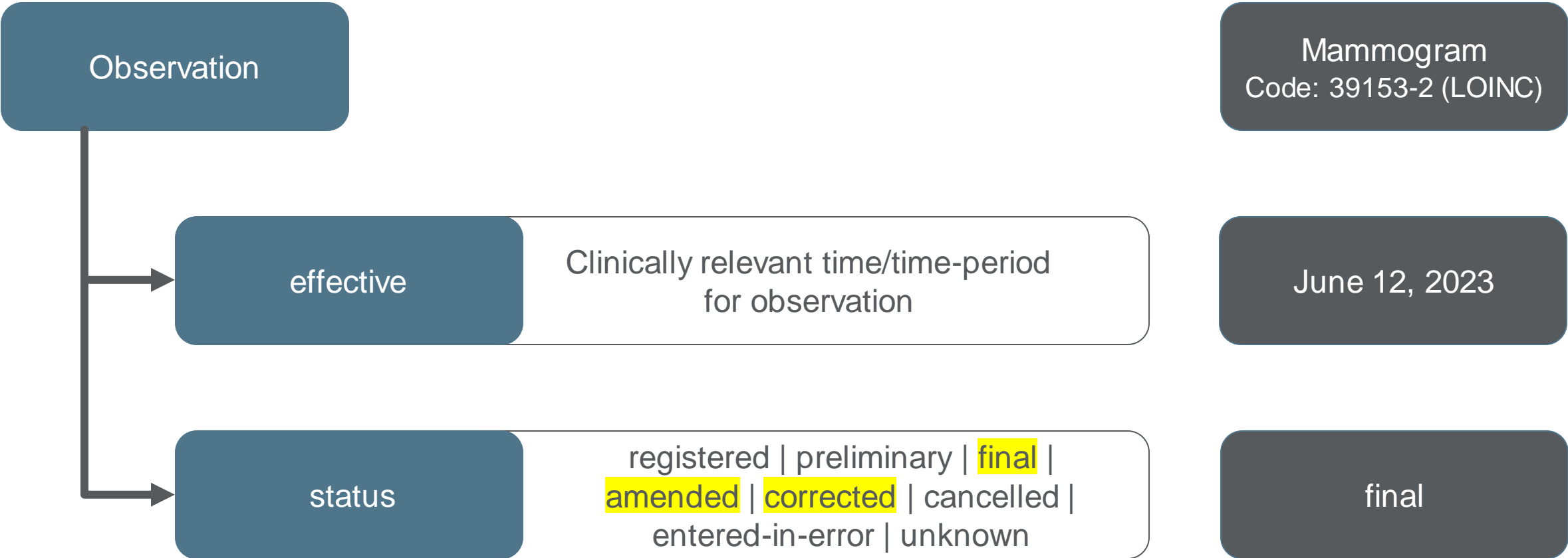
A structured way to exchange health data, published by standards organization, HL7

## **CQL: Clinical Quality Language**

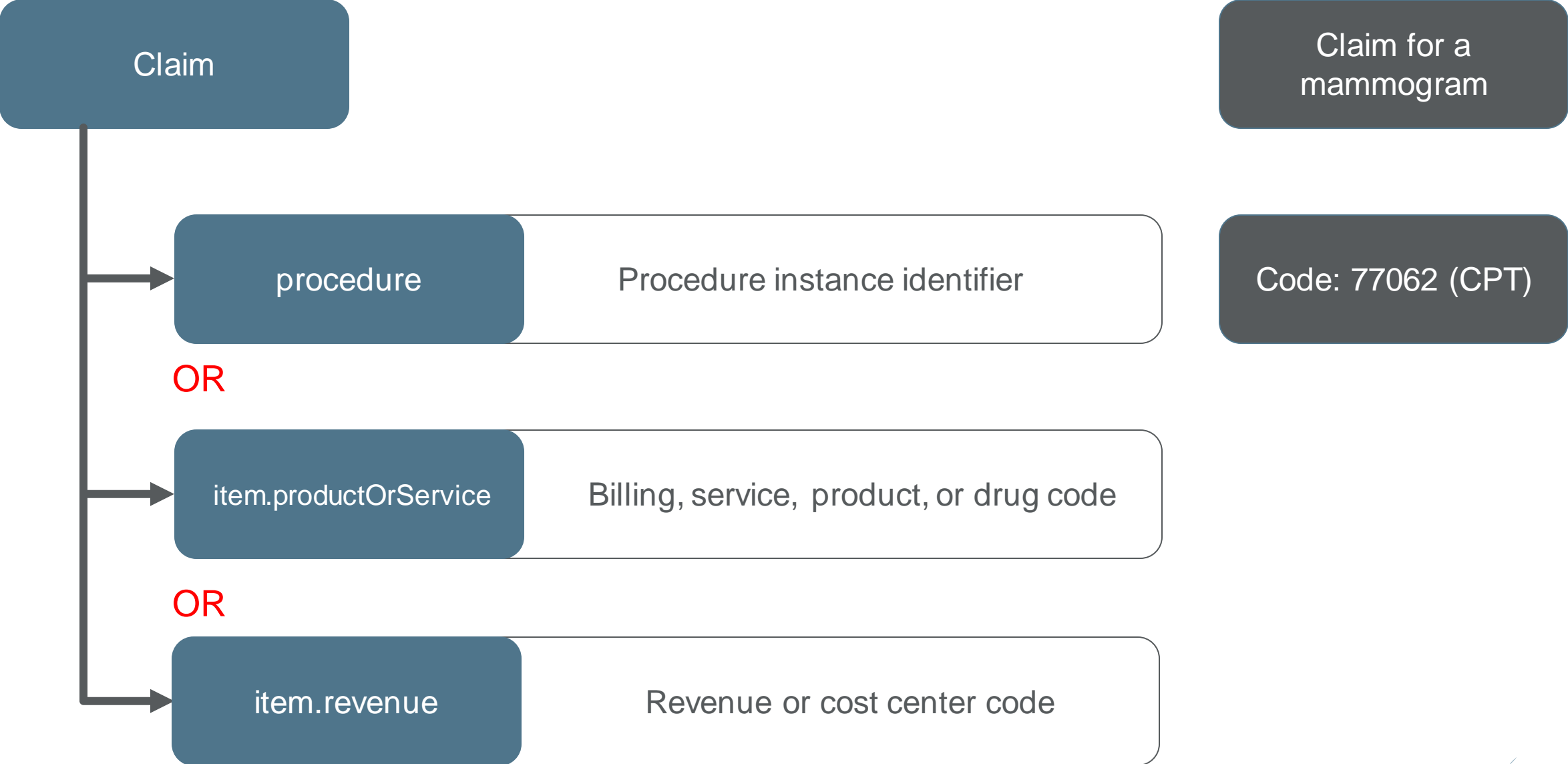
A language for defining quality measures and clinical decision support

Which FHIR resources are relevant for *the Breast Cancer Screening* measure?

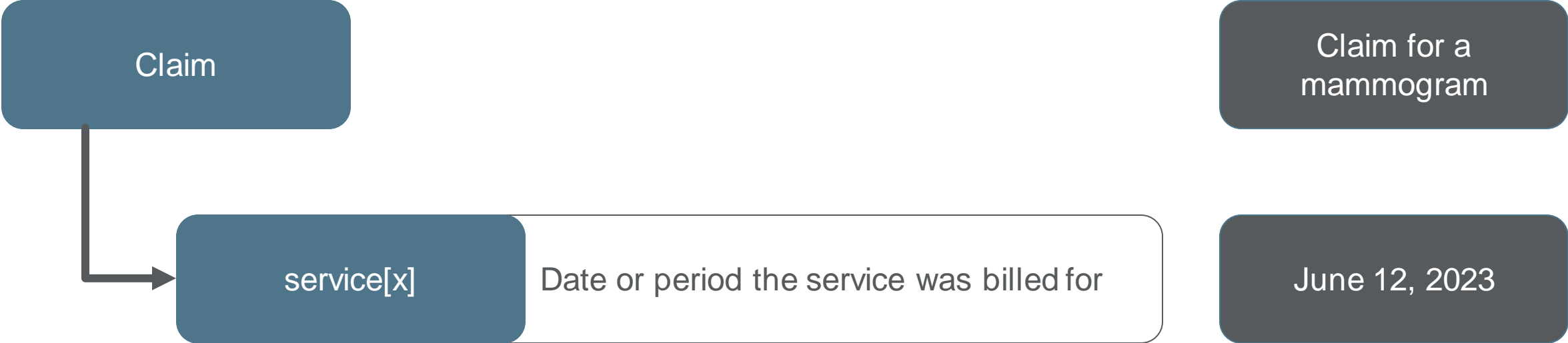
# FHIR Observation



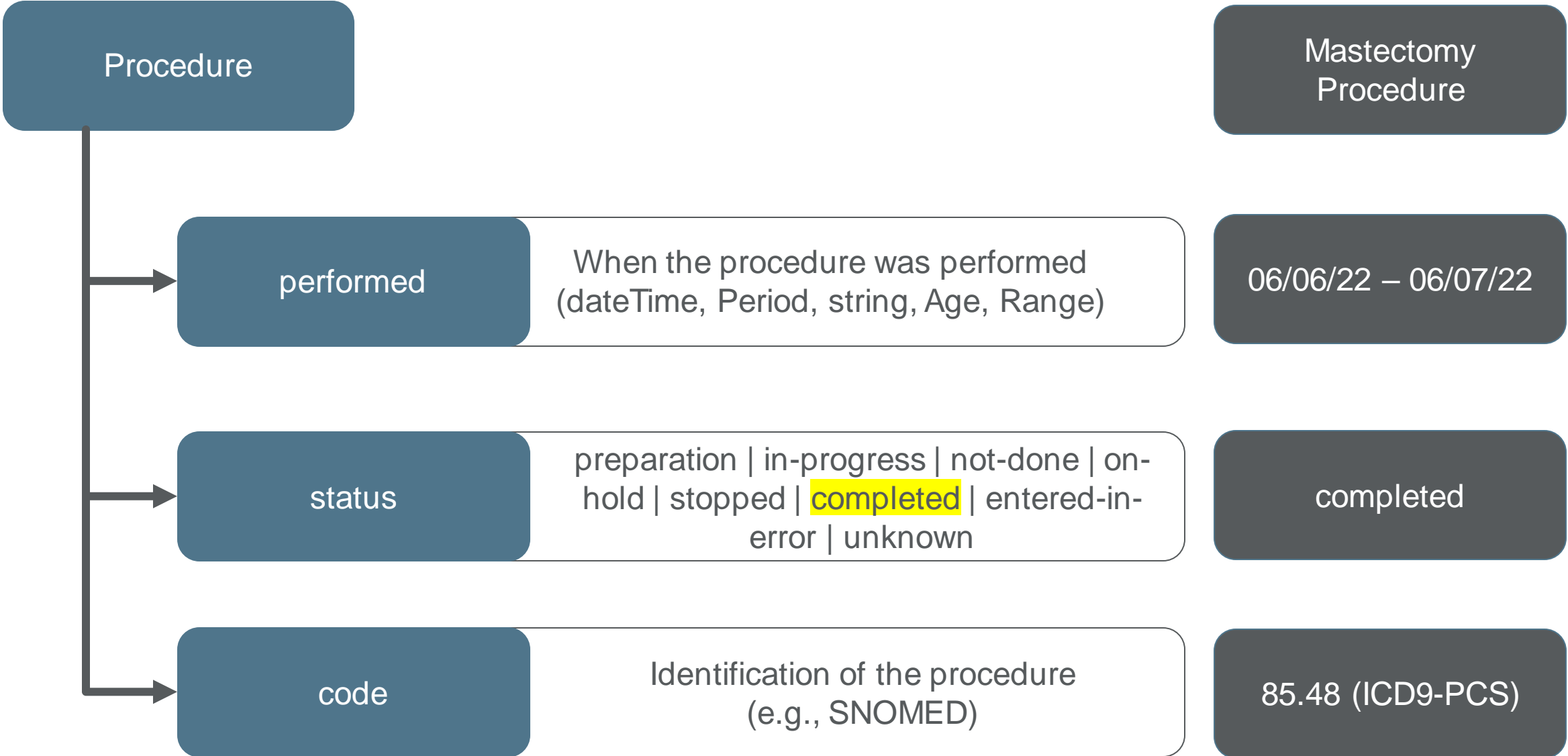
# FHIR Claim



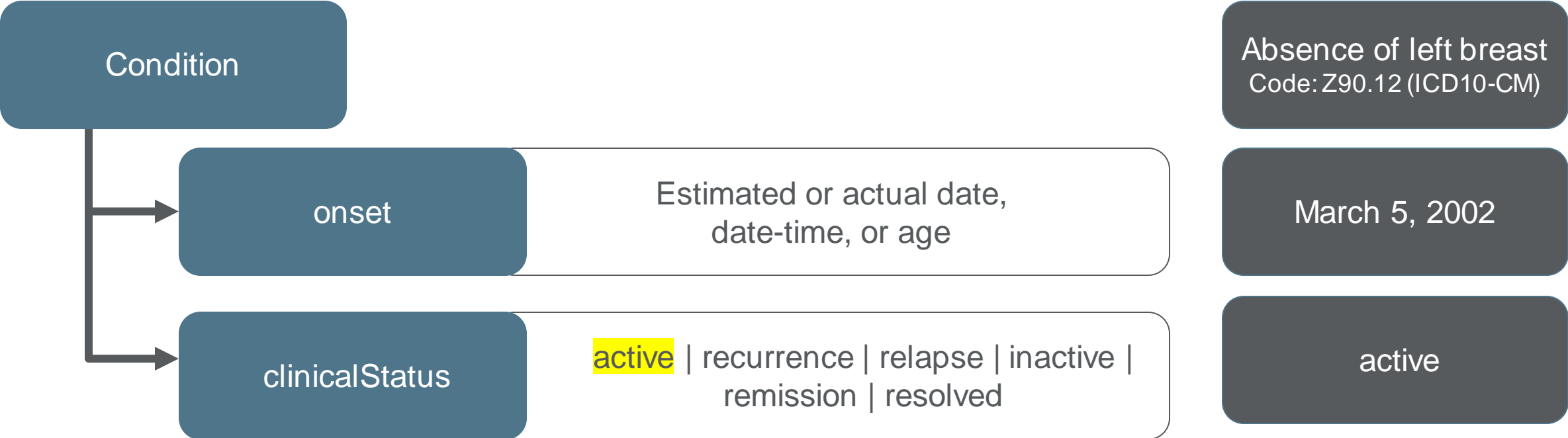
# FHIR Claim - continued



# FHIR Procedure



# FHIR Condition





What does the *Breast Cancer Screening* measure look like in CQL?

# Header

## Breast Cancer Screening (BCS-E)

### MEASURE UPDATES JUNE 2023 FOR AMP MY 2023

- Updated instructions for reporting race and ethnicity stratifications by data source in *Guidance*.

### MEASURE UPDATES OCTOBER 2022 FOR AMP MY 2023

- Replaced the administrative BCS measure with an ECDS measure.
- Refer to the Technical Release Notes file in the Digital Measures Package for a comprehensive list of changes.

### MODIFICATIONS FROM HEDIS

- AMP does not include the Medicare SES Stratifications.
- The exclusion for members living long-term in an institution (LTI) is optional for POs that do not have access to the LTI flag in the Monthly Membership Detail Data File.

Refer to *Guidelines for Measures Reported Using Electronic Clinical Data Systems (ECDS) above in addition to measure-specific information below. The measure narrative provided below is for reference purposes only and should not be used for programming the measures. To report this measure, refer to the digital measure package available for purchase in the [NCQA Store](#) for the complete HEDIS digital measure specification.*

<b>Description</b>	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.
<b>Measurement period</b>	January 1–December 31.
<b>Clinical recommendation statement</b>	The U.S. Preventive Services Task Force recommends screening women 50–74 years of age for breast cancer every 2 years. (B recommendation)
<b>Citations</b>	U.S. Preventive Services Task Force. 2016. "Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement. <i>Ann Intern Med</i> 164(4):279–96.
<b>Characteristics</b>	
<b>Scoring</b>	Proportion.
<b>Type</b>	Process.

# Logic

### Initial Population

```
define "Initial Population":
  AgeInYearsAt(
    end of "Measurement Period"
  ) in Interval[52, 74]
  and Patient.gender.value = 'female'
  and "Is Enrolled during Participation Period"
```

### Denominator

```
define "Denominator":
  "Initial Population"
```

### Exclusions

```
define "Exclusions":
  Hospice."Has Hospice Intervention or Encounter Identified via Claims or Clinical Record" ( "Member Claims" )
  or "Has Mastectomy Exclusion"
  or AdvancedIllnessFrailty."Is Age 66 or Older with Advanced Illness and Frailty Identified via Claims or Clinical Record" ( "Member Claims" )
  or PalliativeCare."Has Palliative Care overlapping Period Identified via Claims or Clinical Record" ( "Member Claims", "Measurement Period" )
```

### Numerator

```
define "Numerator":
  "Has Mammography Identified via Clinical Record"
  or "Has Mammography Identified via Claims"
```

The percentage of **women 50-74 years of age**  
who had a **mammogram** to screen for breast cancer

# Measure Calculation

**Numerator**

Mammography

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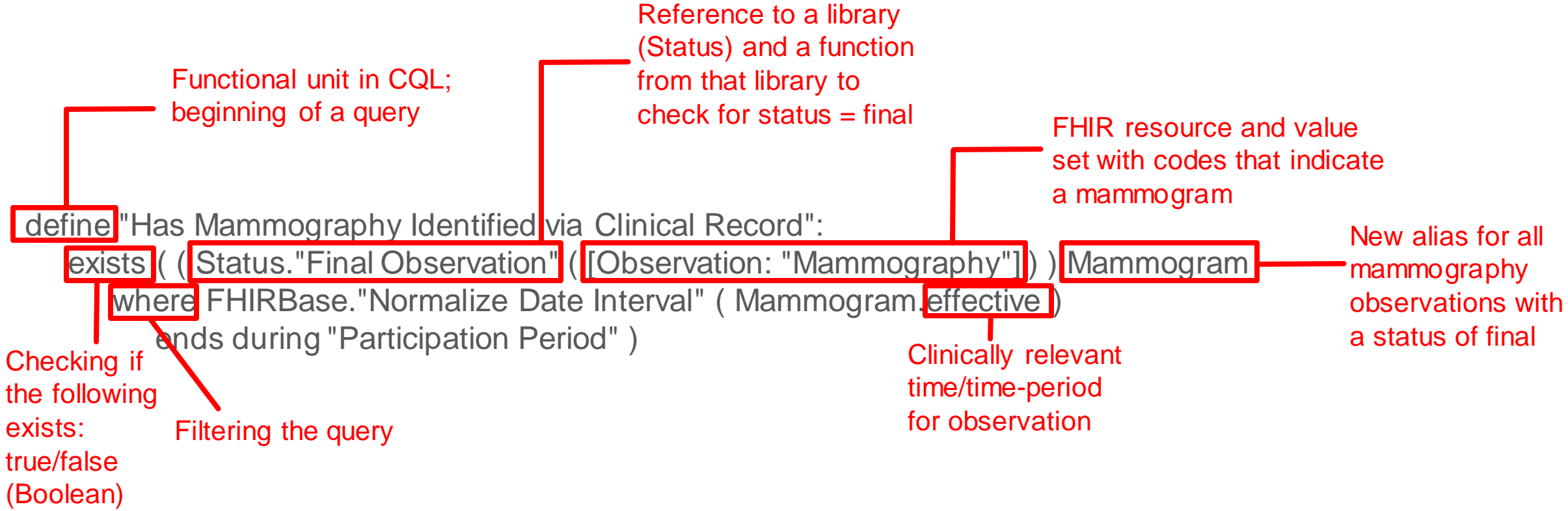
**Denominator**

Female, age 52-74 by end of Measurement Period

**Exclusions**

- Hospice care
- Bilateral mastectomy, or right + left mastectomies
- Advanced illness and frailty
- Palliative care
- I-SNP or LTI

# Breaking Down CQL: BCS-E Numerator



Show me, in a true or false format, if this patient had a mammogram during the defined Participation Period.

# Identifying Initial Population and Numerator in CQL

Two Years Prior to Measurement Period

Year Prior to Measurement Period

Measurement Period

Oct 1

```
define "Is Enrolled during Participation Period":
  Enrollment."Meets Health Plan Enrollment Criteria" ( "Member Coverage", end of "Measurement Period", Interval["October 1 Two Years Prior to Measurement Period", end of "Measurement Period" - 2 years], 0 )
  and Enrollment."Meets Health Plan Enrollment Criteria" ( "Member Coverage", end of "Measurement Period", Interval[start of "Measurement Period" - 1 year, end of "Measurement Period" - 1 year], 45 )
  and Enrollment."Meets Health Plan Enrollment Criteria" ( "Member Coverage", end of "Measurement Period", "Measurement Period", 45 )
```

Is Enrolled

```
define "Initial Population":
  AgeInYearsAt(
    end of "Measurement Period"
  ) in Interval[52, 74]
  and Patient.gender.value = 'female'
  and "Is Enrolled during Participation Period"
```

Age 52-74

```
define "Numerator":
  "Has Mammography Identified via Clinical Record"
  or "Has Mammography Identified via Claims"

define "Has Mammography Identified via Clinical Record":
  exists ( ( Status."Final Observation" ( [Observation: "Mammography"] ) ) Mammogram
  where FHIRBase."Normalize Date Interval" ( Mammogram.effective ) ends during "Participation Period"
  )

define "Has Mammography Identified via Claims":
  exists ( flatten ( ( Claims."Medical Claims with Procedure in Header or on Line Item" ( "Member Claims", ( "Mammography" ) ) ) MammographyClaim
  return MammographyClaim.ServicePeriod
  ) ) MammographyClaimDate
  where MammographyClaimDate ends during "Participation Period"
```

Has a Mammogram Identified via Claim or Clinical Record

# Removing Exclusions from Denominator in CQL

All Years Prior

Year Prior to Measurement Period

Measurement Period

```
define "Exclusions":  
  Hospice."Has Hospice Intervention or Encounter Identified via Claims or Clinical Record" ( "Member Claims" )  
  or "Has Mastectomy Exclusion"  
  or AdvancedIllnessFrailty."Is Age 66 or Older with Advanced Illness and Frailty Identified via Claims or Clinical Record" ( "Member Claims" )  
  or PalliativeCare."Has Palliative Care overlapping Period Identified via Claims or Clinical Record" ( "Member Claims", "Measurement Period" )
```

Hospice or Palliative Care  
Identified via Claim or  
Clinical Record

Advanced Illness **and** Frailty Identified via  
Claim or Clinical Record  
(66 years + by end of MP)

Bilateral Mastectomy or Right **and** Left Mastectomies Identified via Claim or Clinical Record



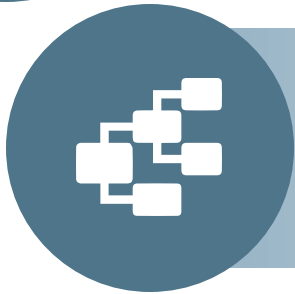
What does this mean for  
Provider Organizations?



# Reporting ECDS for AMP as a Provider Organization (PO)



Organizations may use the digital measure package to program the BCS-E measure in the language that they use (e.g., SQL, SAS, R). FHIR CQL is not required to report HEDIS ECDS measures.



The BCS-E digital measure package includes a FHIR Implementation Guide which provides data mapping guidance for ECDS reporting. It can be downloaded at the [NCQA Store](#).



Please submit questions about the BCS-E measure through [PCS](#) or email [amp@ncqa.org](mailto:amp@ncqa.org).

# Available Resources and Events

[Digital Quality Measures](#) Webpage (includes FAQs)

## **AMP Digital Measures Bundle:**

<https://store.ncqa.org/amp-digital-2023.html>

\*An Implementation Guide is included w/ each measure

Visit our **ECDS webpage**: <http://www.ncqa.org/ecds>

- **Issue brief** on leveraging electronic clinical data for HEDIS
- **Special reports** summarizing HEDIS results for measures that leverage clinical data for 2021 and 2022
- **Resource guide** on Leveraging Clinical Data for Measurement of Colorectal Cancer Screening
- **Blog** announcing transition to ECDS reporting for Breast Cancer Screening

## **2022 Quality Innovation Series**

On-demand virtual sessions

## **EVENTS**

### **Future of HEDIS webinar series:**

<https://www.ncqa.org/hedis/the-future-of-hedis/>

### **Health Innovation Summit**

(October 23 – October 25, 2023, in-person)

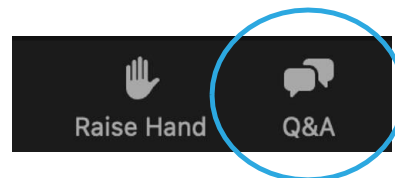
# Terms and Definitions

Term	Definition
<a href="#"><u>HEDIS Digital Quality Measure (dQM)</u></a>	A quality measure published as a downloadable package that includes the technical specifications provided in a standard, machine readable, interoperable format.
<a href="#"><u>Clinical Quality Language (CQL)</u></a>	Authoring language that's intended to be human readable
<a href="#"><u>Fast Healthcare Interoperability Resources (FHIR)</u></a>	Standard for exchanging healthcare information electronically (also the standard NCQA uses to produce HEDIS digital quality measures)
<a href="#"><u>Electronic Clinical Data Systems (ECDS)</u></a> <a href="#"><u>FAQs on ECDS Reporting</u></a>	HEDIS reporting standard that leverages electronic data from multiple sources
<a href="#"><u>Electronic Clinical Quality Measure (eCQM)</u></a>	Quality measure specification used for provider EHR reporting
<a href="#"><u>Quality Data Model (QDM)</u></a>	Data model CMS uses for eCQMs
<a href="#"><u>United States Core Data for Interoperability (USCDI)</u></a>	Standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange



## *Questions*

Submit them via the “Q&A” function!





Integrated  
Healthcare  
ASSOCIATION

*Thank you!*  
*Further questions?*  
*Email [amp@ncqa.org](mailto:amp@ncqa.org) so we can assist!*